

INSTANCES OF FOREIGN BODIES LODGED IN THE BODY.

By FRANCIS L. HAYNES, M.D.,

OF LOS ANGELES, CAL.

I.—A TOOTH IN A BRONCHUS PRODUCES A PULMONARY ABSCESS. IT IS EXPELLED SPONTANEOUSLY AND THE PATIENT RECOVERS.

A MIDDLE-AGED man presented all the symptoms of a copiously suppurating cavity in the apex of the right lung, and was supposed to be afflicted with consumption. After I had attended him for three months, during which he improved greatly, he expelled a tooth from the lung during a severe paroxysm of coughing. Recovery from all symptoms of pulmonary disease was rapid and complete.

A minute cross-examination now showed for the first time that, one year previously, the man had, as he supposed, swallowed a tooth immediately after its extraction, and that his illness had dated from that time.

II.—A PIECE OF SHEEP'S VERTEBRA IN THE LUNG PRODUCES AN ABSCESS WHICH, AFTER ONE YEAR, RESULTS IN DEATH.

A woman, æt. 50, while hastily swallowing some soup, felt that a hard substance had passed into the air passages. An immense cavity rapidly developed in the lower lobe of the right lung. After six months, during a severe paroxysm of coughing, a large piece of the body of a sheep's vertebra, the shape of a maltese cross (measuring 1 by $\frac{1}{2}$ by $\frac{1}{4}$ inch) was expelled. The cavity, however, continued to suppurate and the woman died about a year after the date of the accident. Prof. S. D. Gross examined this case but did not suggest any operative procedure.

III.—A BEAN IN THE AIR PASSAGES CAUSES SPEEDY DEATH.

A boy, æt. 5, while holding some beans in his mouth, suddenly exclaimed that one had "gone down the wrong way." Suffocative symptoms were at once noted and continued until death 36 hours afterward. Physical examination showed that no air entered the right lung. The parents would not permit an operation.

REMARKS.

Since the days of the "new surgery," nobody will dispute that these cases should have been treated after carefully locating the intruding substance by physical examination, and making a low tracheotomy, by if possible, finding the foreign bodies with probes and extracting with forceps.

W. D. Cheadle and Thomas Smith of London record a case in which a metal cap from the end of a pencil was extracted from the extreme end of the left bronchus. The location of the object was determined by physical examination before operation. The patient completely recovered. *Lancet*, Jan. 14, 1888. *ANNALS OF SURGERY*, Vol. V., p. 136.

Before resorting to forceps, I would try in a suitable case the effect of a plan successfully employed by a patient of Dr. Robert Cheesman. (*Medical Record*, March 16, 1890).

While a child, æt. 3, was suffering from a violent paroxysm of coughing, the father, with a vague idea of aiding the child in what appeared to be efforts to expel something from the lungs, suspended him by the legs, at the same time slapping the back rather vigorously. Upon putting him down the child appeared to be struggling with something in his throat, and the father, inserting his finger, extracted a nail which was covered with a thick coating of iron-rust and mucus. Pus continued to be expectorated, and the child finally died.

If operation be deferred until localized suppuration has occurred, pneumotomy is indicated.

The possibility that the surgeon may find the pleural surfaces non-adherent over the abscess, has undoubtedly prevented many operations for lung abscess. What should be done to meet this difficulty? The following methods readily suggest themselves:

Having resected a portion of one or more ribs, a minute opening might be made into the pleural cavity (working if thought best through a layer of sterilized water) and part of a strip of gauze pushed in; after a few days the gauze could be removed and the operation finished. Or, instead of the gauze a few drops of tincture of iodine might be injected; or, possibly, the two surfaces could be stitched together, or adhesion be secured by gradually burning through the parts over the pus cavity with the thermo-cautery, making the sittings at intervals of two or three days.

IV.—REMOVAL OF THE TIP OF A HARD RUBBER SOUND FROM THE PREGNANT UTERUS.

A healthy woman, two months pregnant, while inserting a hard rubber sound into the uterus, broke off a piece two inches long, which remained in the organ. Dr. E. A. Follansbee was consulted, and asked me to assist in the management of the case. With the metallic sound the body could readily be felt, but as it lay across the uterus, and its ends seemed to be embedded in the mucosa, it could not be removed until the cervix was dilated, which was at once accomplished by Goodell's dilator, under ether narcosis. The body was now readily removed by a slender pedicle forceps guided by the finger. As the membranes had been ruptured by the patient's probing, the uterus was emptied by the finger, and washed out. Afebrile recovery.

V.—A GLASS DISC REMAINS IN THE VAGINA FOR TEN YEARS CAUSING A STRICTURE, WHICH REQUIRES TO BE INCISED THAT THE DISC MAY BE REMOVED.

A woman, æt. 60, had worn a glass disc in the vagina continuously, for the relief of prolapsus, for ten years. As it finally produced a purulent discharge she asked me to remove it. One and a half inch up the vagina a stricture barely admitting the index tip was felt. It was incised in the median line posteriorly and a disc two inches in diameter removed. Unfortunately hæmostasis was carelessly made, and the patient bled for two days before she thought it worth her while to send for me. It took two months to cure the resulting anæmia. After six months the patient reported that she was well and that the prolapsus had not recurred.

VI.—A CHILD IS TREATED FOR NASAL CATARRH FOR FOUR YEARS, AND RECOVERS ON THE REMOVAL OF A SHOE BUTTON FROM THE NOSE.

A girl, æt. 8, had received much unavailing treatment for the relief of a profuse purulent discharge from the right nostril. On inserting a probe I distinctly felt a smooth hard body buried in a mass of rotten tissue between the inferior and middle turbinated bones about one inch behind the tip of the nose. The body, which was supposed to be dead bone, was easily removed, and proved to be an ordinary gaiter button. Recovery was rapid and complete.

VII.—A THREADED NEEDLE IS REMOVED FROM THE CALF OF THE LEG, AFTER A (PROBABLE) SOJOURN OF MANY YEARS.

A lady, æt. 20, presented a small hard, tender swelling on the right calf. Incision revealed a pointless, blackened sewing needle. Attached to it was a piece of rotten cotton thread, which was with some difficulty drawn from the muscle in which it was imbedded apparently stretched out at full length. No pus was present. Neither the patient nor her mother could explain how the needle got there.

Suspension by the heels should prove beneficial in many cases in which it is generally neglected. In a case of intubation of the larynx in which I was on the point of removing the tube, it slipped from the extractor and the child began to choke. The father was immediately ordered to suspend him by the heels when a few slaps on the back expelled the tube.

The same position combined with enormous enemata enabled me, nineteen years since, to save the life of a child almost dead from intestinal intussusception.

Some twenty years since a writer in the *American Journal of the Medical Sciences* strongly advocated a similar position in the treatment of strangulated hernia. Fired with enthusiasm, at this suggestion, Dr. A. K. Minich of Philadelphia and myself, shortly after the appearance of the article, essayed a trial of it on a patient whom we supposed to be suffering from a strangulated, inguinal hernia. It was August, and the man weighed 175 pounds; we labored long and faithfully but could not reduce the swelling. Completely oozed, we called on Dr. Frank Maury for assistance. He had the temerity to differ from us in diagnosis and what was worse proved he was right by operating and revealing a hydrocele of the cord.